



for a great state of health

Reducing Tobacco Use in Nebraska

A
Snapshot
Progress
Report

May 2006

Prepared by

Tobacco Free
Nebraska

Nebraska Health &
Human Services
System

NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM



Table of Contents

Introduction.....	1
Tobacco Control and Prevention Initiatives in Nebraska	3
Local Communities Initiatives – Local Coalitions	4
<i>Compliance Checks</i>	4
<i>Decreasing Exposure to Secondhand Smoke</i>	4
<i>The Lincoln Smoking Regulation Act (LSRA)</i>	5
Media and Counter-Marketing.....	5
No Limits Youth Empowerment Movement	7
Helping People Quit.....	7
Networking and Capacity Building	10
<i>State Coalition Meetings</i>	10
<i>State Tobacco Conference</i>	10
<i>Collaboration with Nebraska Health & Human Services System Programs</i>	10
<i>Linking Evaluation and Practice in Nebraska</i>	11
Surveillance and Evaluation System.....	11
Progress in Tobacco Control and Prevention.....	12
<i>Declining Smoking Rates among Youth</i>	13
<i>Continued Decline in Smoking Initiation among Youth</i>	14
<i>Compliance Checks</i>	14
Tobacco Use among Native American Youth in Nebraska	15
Smoking Behavior among Adult Nebraskans.....	17
Males more Likely to Smoke than Females in Nebraska	17
Smokeless Tobacco.....	18
Eliminating Exposure to Secondhand Smoke.....	19
<i>Restricting Smoking in Homes and Vehicles</i>	19
<i>Protecting Non-smokers at Work from Secondhand Smoke</i>	20
Sustaining the Comprehensive Tobacco Control and Prevention Program.....	21
Conclusion	21
References.....	23

Introduction

Tobacco use is the single most preventable cause of death and disease, responsible for approximately 440,000 deaths annually in the United States.¹ Smoking even a few cigarettes a day can harm a person's health. Cigarettes are a major cause of heart attacks, and can also damage blood vessels. Smoking can lead to strokes and emphysema. Tobacco use can cause cancers of the lungs, throat, mouth, bladder, cervix, stomach, and kidney.² For every person who dies of a smoking-attributable disease, there are 20 more people who suffer with at least one serious illness from smoking.³

In 2003, smoking-related health conditions accounted for an estimated 47,256 individual hospital cases in Nebraska,⁴ with nearly 2,300 deaths attributed to smoking-related conditions.⁵ More men (64.2%) died from smoking-related health conditions than women (35.9%). (This data is for all persons in the state and comprised of the following three types of deaths: 1. smoking related disease for adults 35 years of age and older, 2. smoking-related disease for infants, and 3. deaths from cigarette-related fires.)

Table 1: Number of Smoking-Attributable Health Cases⁶

Disease	Number of Nebraska Cases
Cardiovascular Disease	20,965
Cancer	1,382
Respiratory	9,834
Perinatal	477
Diabetes	1,437
Digestive disorders	13,388
Total	47,483

¹ Centers for Disease Control and Prevention (CDC), 2002

² U.S. Department of Health and Human Services, 2001

³ CDC, 2003

⁴ Nebraska Health & Human Services System (NHHSS), 2003

⁵ CDC, Smoking Attributable Morbidity and Mortality Economic Cost, 2004

⁶ NHHSS, Nebraska Hospital Discharge Data, 2003

In 2000, the Nebraska Unicameral passed Legislative Bill (LB) 1436 marking a milestone in tobacco control efforts in the state. The Bill allocated \$21 million over three years to the Nebraska Health and Human Services System's Tobacco Free Nebraska (TFN) program from the multi-state Master Settlement Agreement (MSA) between 46 Attorneys General and the major tobacco companies.

March 2005 marked the five-year anniversary since LB 1436 was enacted. Although the amount allocated for tobacco prevention and control in Nebraska has been cut and reinstated to a lower level over the years, TFN has made strides in addressing the Centers for Disease Control and Prevention's (CDC) Best Practices for Comprehensive Tobacco Control Programs.

CDC and TFN Goals include:

- (1) Preventing the initiation of tobacco use among young people;
- (2) Eliminating exposure to secondhand smoke;
- (3) Promoting quitting the use of tobacco among adults and youths; and
- (4) Identifying and eliminating disparities related to tobacco use and its effects among different populations.

The program has implemented the following tobacco control components:

1. Community, school, and outreach initiatives to address youth prevention and reduce tobacco use and exposure to secondhand smoke. Local tobacco control coalitions, schools, and partners carry out these initiatives.
2. No Limits – a Nebraska, youth-led movement that fights big tobacco. It partners with youth and communities across the state to promote youth action.

3. TFN's media and counter-marketing activities increase public awareness and compliment community efforts to prevent the initiation of tobacco use among youth and eliminate exposure to secondhand smoke.
4. Cessation initiatives with emphasis on establishing and promoting a Nebraska specific tobacco Quitline.
5. A surveillance system that systematically collects, analyzes, interprets, and disseminates data regarding tobacco use, exposure to secondhand smoke, and TFN programs.
6. An administrative infrastructure that includes state government, local coalitions and other partners to ensure implementation and support for the state's tobacco control and prevention program movement.

This report highlights Nebraska's tobacco control and prevention initiatives and challenges, including the progress made in reducing tobacco use and exposure to secondhand smoke. Highlights include:

- Reduction in smoking prevalence among Nebraska youth.
- Reduction in smoking prevalence among adult Nebraskans.
- The support and adoption of smoke-free policies in homes and work places.

Tobacco Control and Prevention Initiatives in Nebraska

Continued funding from the Tobacco Master Settlement Agreement and the CDC's Office on Smoking and Health has helped to sustain TFN's comprehensive tobacco control and prevention program. The program has increased state and local capacity to implement strategies that target both individual behavioral changes and public policy change.

Local Communities Initiatives – Local Coalitions

Community, school, and outreach programs are crucial to Nebraska's tobacco control movement. The programs advance local efforts, including school policies, chronic disease prevention, enforcing restrictions to sell tobacco to minors, counter-marketing efforts, and cessation. These programs are supported by TFN grants from the Master Settlement Agreement. In October 2004, TFN awarded nine Community/School/Outreach grants totaling \$2,550,000 for a 21-month period through June 30, 2006. TFN also awarded three grants to Nebraska's federally recognized Native American tribes.

Compliance Checks

Restricting minor access to tobacco products is another way to help prevent youth tobacco use. In Nebraska, it is illegal for retailers to sell cigarettes to minors (Reference Date 1885. NEB. REV. STAT. Section 28-1419 [1989]). Coordinating with local law enforcement agencies to enforce the law is a proven strategy that reduces sales to minors. However, TFN is no longer able to provide funding to the Nebraska State Patrol for statewide enforcement. As a result, compliance checks are conducted on a community/county basis by local tobacco prevention coalitions.

Decreasing Exposure to Secondhand Smoke

One goal of local community initiatives is to decrease exposure to secondhand smoke. Methods to accomplish this include a comprehensive approach of education, awareness, voluntary work site smoke-free policies and an increase in the number of schools that have campus-wide tobacco-free policies. Statewide, TFN and local coalitions work to increase the awareness of the dangers of secondhand smoke and the number of businesses and homes with smoke-free policies.

The Lincoln Smoking Regulation Act (LSRA)

In 2004, the number of people protected from secondhand smoke increased significantly. The Lincoln City Council passed a comprehensive smoke-free ordinance for all work sites including restaurants and bars, on a 4-3 vote in June 2004. Through a petition drive, opposition – including bar owners and the tobacco industry – tried to repeal the ordinance and succeeded in having the issue placed on the November 2004 ballot. The ordinance was successfully upheld by a majority vote of 62%. The LSRA began being enforced on January 1, 2005.

The process to enact Lincoln's smoke-free policy involved partnership development, public education, and awareness campaigns. Tobacco Free Lincoln worked with community partners to conduct educational and awareness activities focusing on the dangers of secondhand smoke. The local coalition and health department were instrumental in implementing the new ordinance. For example, to help hospitality businesses make the transition to being smoke-free, a tool kit was distributed that included items such as coasters and signage that business owners could use and post. The tool kits were favorably received and helped foster good will between the hospitality businesses and the Lincoln Lancaster County Health Department.

Media and Counter-Marketing

Beginning in January 2004 and extending through September 2004, TFN's media efforts were severely cutback due to lost funding. From January through March 2004, limited media dollars were spent promoting the Nebraska Tobacco Quitline. Since the Quitline ceased operation in June 2004, the decision was made not to promote it beyond March, to ensure that the service was still in place for those who might call in as a result of seeing/hearing the advertisements.

When funding to the program was restored, TFN issued a Request for Proposals in July 2004 through the Nebraska Department of Administrative Services, for firms to provide communications, advertising, marketing, and media evaluation services. While waiting for a vendor to be selected, TFN placed limited billboards throughout the state focusing on secondhand smoke prevention. These ran in August, September, and October 2004. As a result of the competitive bid process, Snitily Carr was chosen as the media vendor for the Tobacco Free Nebraska program. The contract began on October 1, 2004 and continues through June 30, 2006.

TFN's media efforts focus on youth prevention and eliminating exposure to secondhand smoke. Media efforts include paid ads on TV and radio stations and in newspapers, movie theaters, and billboards.

1. The "Secondhand Smoke is a First-Rate Killer" campaign continues to be used; however, new radio and TV ads premiered in September 2005.
2. The "Tobacco Brands You. You're in Control – Choose Not to Chew" smokeless tobacco campaign continues to be used targeting radio, billboards, and print ads.
3. The new "Take Control" youth prevention campaign featuring radio and TV ads, as well as theater ads, some print, and billboards launched in December 2005.

While a Nebraska specific tobacco Quitline is not currently in place, Nebraskans who want to stop smoking can call the national 1-800-QUIT-NOW for support. The number was promoted across the state in August through October 2005, and again in December 2005 and January 2006.

TFN's media efforts will be evaluated for their effectiveness in 2006, and adjustments will be made as necessary.

No Limits Youth Empowerment Movement

Engaging youth in youth activism - or empowerment - is a key strategy to prevent tobacco use among youth. No Limits is a youth-led Nebraska movement that fights big tobacco and their marketing practices. The name No Limits comes from the idea that there are no limits to what tobacco companies will do to market their deadly products to teens and there are no limits to what Nebraska teens will do to fight back.

In April 2005, No Limits youth participated in the Campaign for Tobacco Free Kids annual Kick-Butts Day. The Youth Board hosted 30 youth for a day of activism. They took action and went to the streets of Lincoln with anti-tobacco facts and messages. They also held a Media Alert attending a movie theater and tallying the tobacco use in the film to bring attention to the connection of Big Tobacco and Hollywood.

In November 2005, No Limits held a youth activism summit in Omaha that was attended by 150 youths from 20 community organizations across the state. The summit empowered youth to take action in their communities.

No Limits allows Nebraska youth to take ownership and leadership of the movement with TFN's guidance.

Helping People Quit

Tobacco Free Nebraska strives to help people quit using tobacco as an important step to reducing morbidity and mortality, and to ensure longer, healthier lives. Counter-marketing messages have encouraged both adult and youth tobacco users to understand the health risks of using tobacco and to consider quitting.

The Nebraska Quitline, initiated in May 2002 with funding from TFN, was an integral part of a comprehensive tobacco control program that provided help to those who

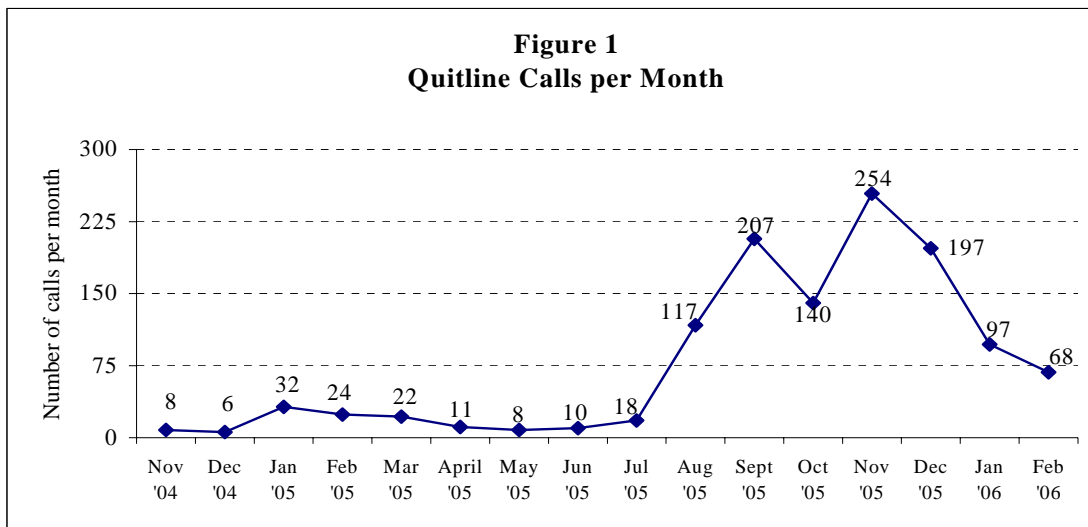
sought it and actively promoted cessation to the general population.⁷ The Nebraska Quitline targeted lower socio-economic, disabled, and rural populations because research showed that those populations were the primary users of Quitline services. It was also an important tool in normalizing cessation and eliminating disparities in tobacco use or access to treatment.⁸ A media campaign promoted awareness of the Quitline. Regional liaisons worked with the medical community and others to increase referrals to the Quitline. Tobacco Free Nebraska's contract for the Quitline ended in June 2004. In 2005, however, TFN became part of the National Network of Quitlines (1-800-QUIT-NOW) sponsored by the National Cancer Institute, Cancer Information Service; the Centers for Disease Control and Prevention's Office on Smoking and Health; and the American Cancer Society.

During the first 16 months of operation, Nebraska call volume to the 1-800-QUIT-NOW telephone cessation line totaled 1,219 and averaged 76 callers per month (Figure 1). During the months of August through December 2005, calls increased significantly due to statewide placement of television ads that promoted the National Quitline number. The last five months of 2005 averaged 183 calls with November having the highest number of calls.

To ensure that Quitline services are continued in Nebraska, TFN will issue a Request for Proposals for a Quitline vendor in the spring of 2006. The new Quitline will be operational by June 30, 2006.

⁷ CDC, 2004

⁸ CDC, 2004



Source: Cancer Information Service's report on monthly calls to 1-800-QUIT-NOW

In June 2005, Tobacco Free Nebraska organized the first Cessation Consortium. Consortium members represented Health Associations, Medical Associations, University Medical Centers, Nebraska Health and Human Services System Divisions, and local tobacco prevention coalitions. The meeting objective was to prioritize goals for the Nebraska Comprehensive Cessation program. A national cessation expert facilitated the discussions, which included a brainstorming session with strategic topics and activities being identified. Consortium members then weighted topics as a first step in identifying goals for a comprehensive cessation plan.

A second meeting to develop strategic goals and activities was held in August 2005. Three workgroups (Training/Certification/Continuing Education, Policy, and Outreach) brainstormed strategies/activities, outcomes, timeframes, and potential partners. The work plan created by the Cessation Consortium will provide direction for future development of cessation activities.

Networking and Capacity Building

TFN coordinates regularly scheduled meetings and conferences, allowing for networking and capacity building. Generally, three state tobacco coalition meetings are held each year, in addition to a State Tobacco Conference. Workshops are also held on an as-needed basis. The major meetings, workshops, and conferences undertaken in 2005 are highlighted below.

State Coalition Meetings

The state coalition meetings are generally held three times each year and are used for networking and information sharing among tobacco coalition members. The 2005 state coalition meetings were held in January and October 2005. A meeting is normally scheduled during the summer months as well, but in 2005, a Linking Evaluation and Practice workshop (described below) was held instead.

State Tobacco Conference

The State Tobacco Conference was held in April 2005 in Lincoln. Approximately 100 advocates from across the state attended the conference. The keynote speaker was Dr. Richard Sargent, M.D., Vice Chair of the Montana Tobacco Prevention Advisory Board. His keynote address discussed the science behind, and health effects of, secondhand smoke. While in Nebraska, Dr. Sargent also met with media representatives and conducted forums targeting health care professionals in Lincoln, Omaha, and Grand Island.

Collaboration with Nebraska Health & Human Services System Programs

The Tobacco Free Nebraska Program also collaborates with other programs within the Nebraska Health and Human Services System (NHHSS). Examples of collaboration in the last two years include TFN working with the Comprehensive Cancer

program to run a series of Women, Tobacco and Cancer Summits. These summits were held in Scottsbluff, Columbus, Kearney and Omaha. These events often served as catalysts for subsequent events in these communities. Other examples of collaboration include TFN's work with the Cardiovascular Health Program to sponsor a Data Training Workshop for local health departments and local coalitions.

Linking Evaluation and Practice in Nebraska

The Linking Evaluation and Practice (Project LeaP) workshop was organized by the Center for Tobacco Policy Research at St. Louis University. The goal of the workshop was to provide Nebraska tobacco control partners the results from a 2004 evaluation of the movement. Among other topics, workshop participants explored the sustainability of Nebraska's tobacco control movement. The workshop concluded with a plan for the future incorporating results, concepts, and ideas from the evaluation.

Some comments from the Project LeaP evaluation include:

"There is a commitment to a collaborative approach. We can disagree, but we are all a family; our partners are there to support and defend us."

"You collaborate and partner when someone is right there, especially when you're rural. Those rural partnerships can impact just as much as partnerships in the urban areas."

"If you understand other partners' goals and objectives then we find ways to coordinate. There's more collaboration in different areas of the state."

"Sustainability is more than money. It's not just paying for everything; it's doing things like asking people to write to the editor."

Surveillance and Evaluation System

TFN has developed a surveillance and evaluation system to monitor changes in tobacco use behavior and attitudes among youth and adults through collection, analysis,

and interpretation of data. The system also tracks policy changes, public awareness, and the sustainability of local coalitions. The surveillance and evaluation system utilizes data from the Youth Risk Behavior Survey (YRBS), Behavioral Risk Factor Surveillance System (BRFSS), Adult Tobacco Survey/Social Climate Survey (ATS/SCS) and the Youth Tobacco Survey (YTS). The most recent BRFSS was conducted in 2004, while the YRBS and the ATS/SCS were conducted in 2005. The YTS will be conducted in the spring of 2006. These surveys provide data that is used to assess progress in behavioral and attitudinal changes towards tobacco as well as provide information for program improvement.

Another important evaluation and monitoring tool is the Tobacco Reporting and Information Network (TRAIN). TRAIN is a Web-based reporting system designed to monitor progress and build local coalition work plans.

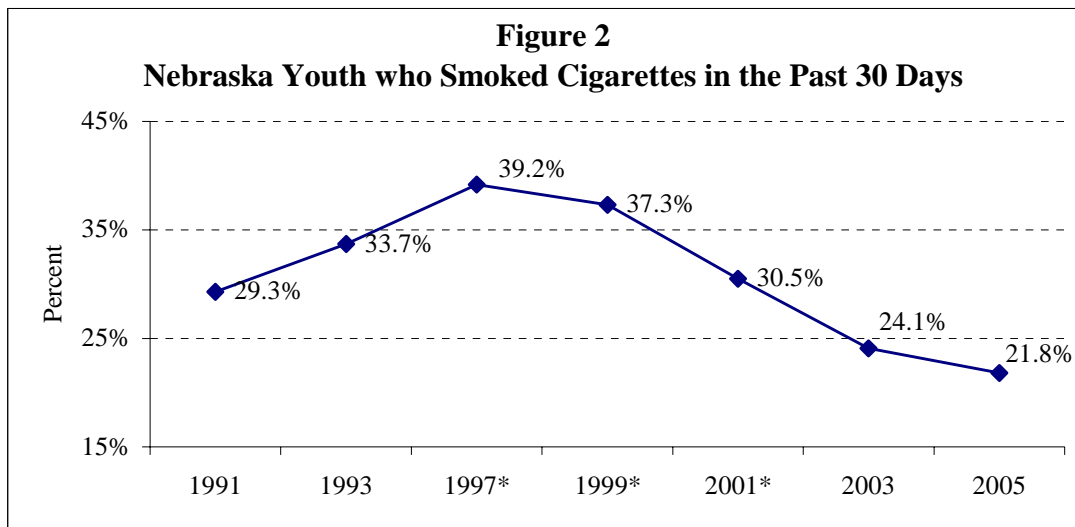
Other recent evaluation and surveillance projects include the Coalition Sustainability Members Survey conducted among local tobacco coalition members and a survey of local governmental smoke-free policies related to properties and buildings. A surveillance component will also be built into the Tobacco Quitline once it is restored. This will allow TFN to track the use of the Quitline and assess behavioral and attitudinal changes among those who call in.

Progress in Tobacco Control and Prevention

Nebraska has seen positive attitudinal and behavioral changes regarding tobacco use over the past five years. Smoking rates among both adults and youth in Nebraska are declining and support for smoke-free environments both at home and at work continue to increase.

Declining Smoking Rates among Youth

The prevalence rate of smoking among youth in Nebraska has continued on a downward trend from a high of 39.2% in 1997, to 21.8% in 2005 (Figure 2). In the recent past the smoking rate among youth declined from 24.1% in 2003 to 21.8% in 2005. This represents approximately a 2.3% decline in smoking rates among youth, or approximately 2,300 fewer smokers in 2005 than in 2003.⁹ The reduction in smoking rates among young people is important as the state moves toward the Healthy People 2010 objective of 21%. Since this downward trend saves lives and saves money by reducing smoking-related health care costs, there is a need for sustained prevention measures to continue the trend.



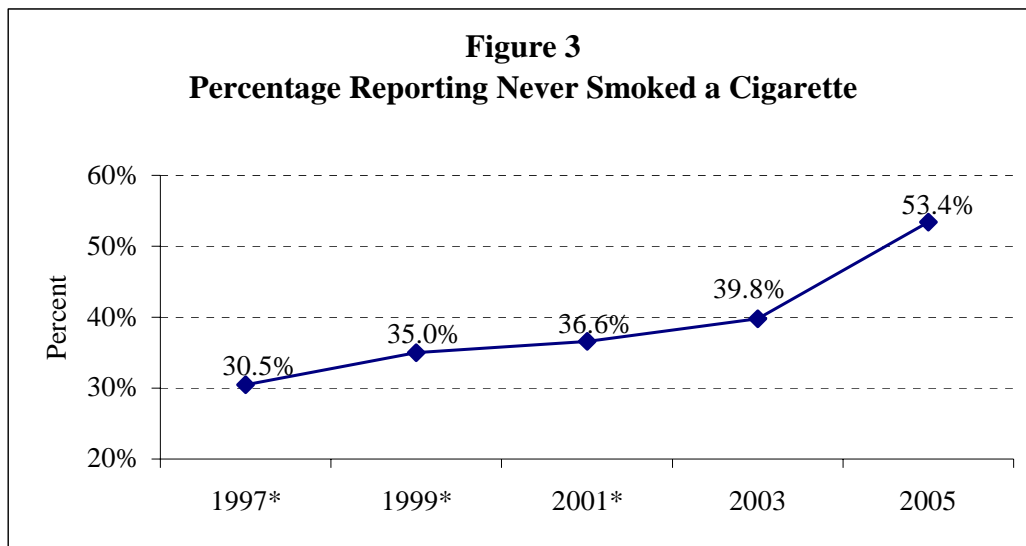
Source: Youth Risk Behavior Survey

*Data were not weighted due to a low response rate

⁹ According to annual enrollment figures provided by the Nebraska Department of Education, <http://www.nde.state.ne.us>, Nebraska had an approximate population of 100,000 high school students in the 2003/4 and 2004/5 school calendar years.

Continued Decline in Smoking Initiation among Youth

As smoking rates among youth in Nebraska have declined, there has also been an observed decline in the proportion of youth that have ever smoked. The proportion of youth that reported never having smoked a cigarette increased substantially from 30.5% in 1997, to 53.4% in 2005 (Figure 3). Preventing youth smoking initiation is important because it corresponds to a future-reduced proportion of adult smokers and subsequent reductions in tobacco-attributable diseases and deaths.

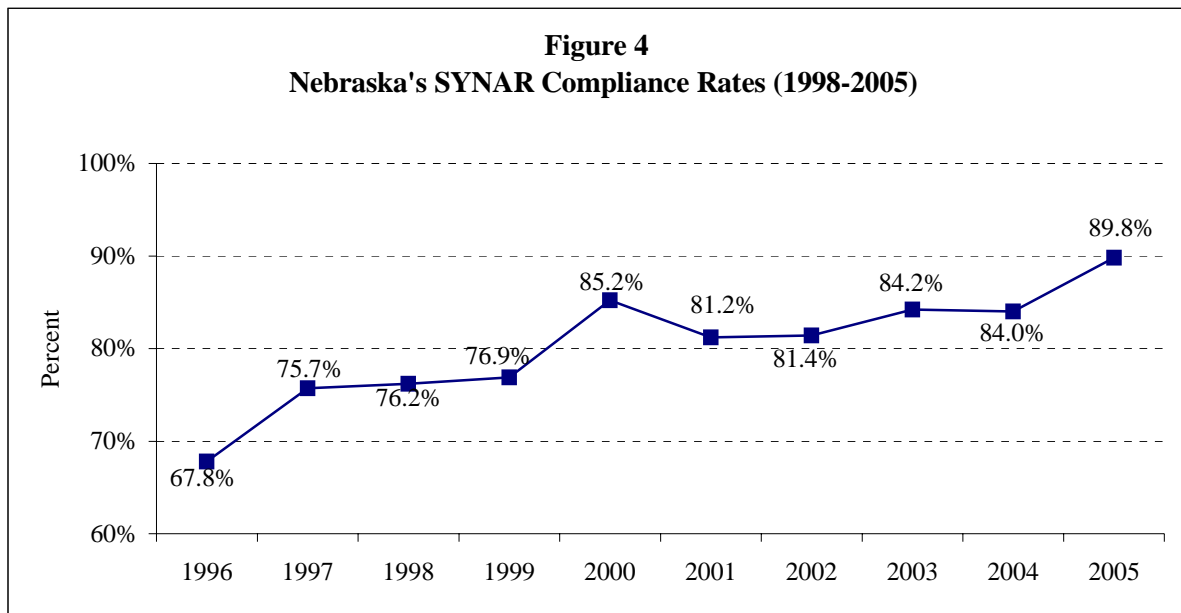


Source: Youth Risk Behavior Survey

* Data were not weighted due to a low response rate

Compliance Checks

Compliance among tobacco retailers has substantially increased since 1996 and has remained high. In 1996, about three in ten tobacco retailers (32.2%) did not comply with the law that restricts the sale of tobacco products to minors. In 2005, only one in ten (10.2%) was not in compliance (Figure 4).

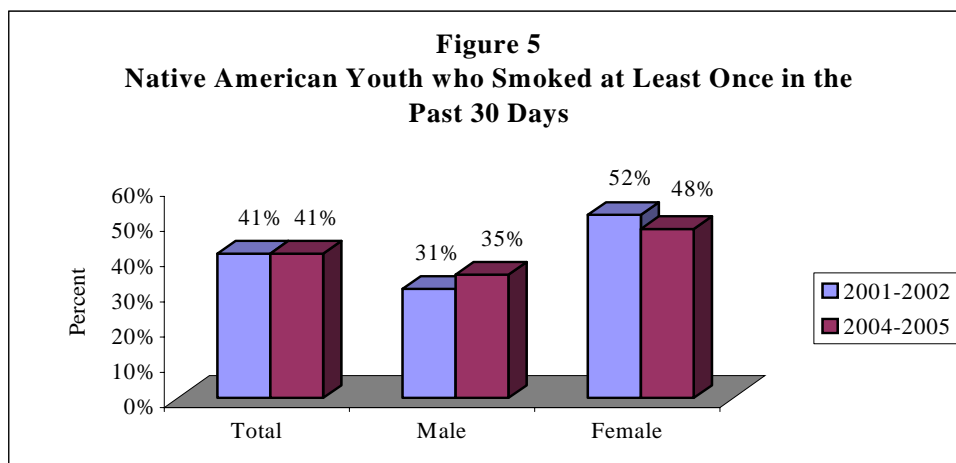


Source: 2005 SYNAR Report

Tobacco Use among Native American Youth in Nebraska

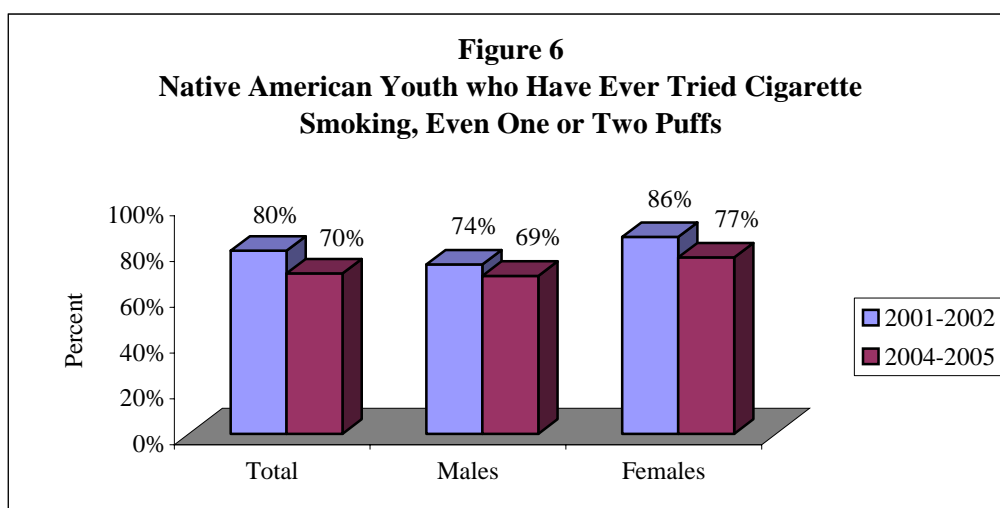
Tobacco Free Nebraska is active with Nebraska's Native American population to prevent and reduce tobacco use among their youth. TFN works with the Nebraska Native American Tobacco Coalition whose membership includes representatives from the Winnebago, Santee Sioux, and Omaha tribes.

The Coalition strives to prevent and control tobacco use among young people on reservations. In 2004, TFN worked with the Coalition to evaluate tobacco use among Native American youth (Grades 6-12) by facilitating the Native American Youth Tobacco Survey (YTS). The 2004 survey was a follow-up to the 2002 Native American YTS survey.



Source: Native American Youth Tobacco Survey

Figure 5 highlights the results of the 2002 and 2004 Native American YTS. Results showed no change in the percentage of current smokers (those who smoked in the past 30 days) from 2002 to 2004. However, there was a slight increase from 31% to 35% among male youth. On the other hand, the female smoking rate decreased from 52% to 48% during the same time period.



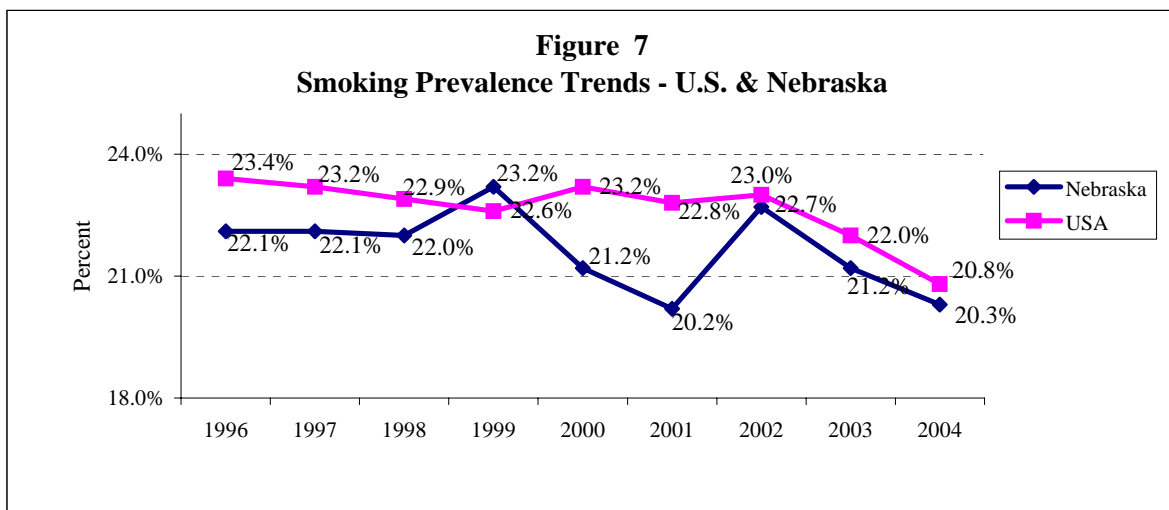
Source: Native American Youth Tobacco Survey

Susceptibility to smoking is high among Native American youth with 80% having tried cigarettes in 2001/2, and 70% in 2004/5 (Figure 6). However, the reduction is a

positive development. Youth who try cigarette smoking are more at risk of being smokers in their adulthood than those who have never tried to smoke.

Smoking Behavior among Adult Nebraskans

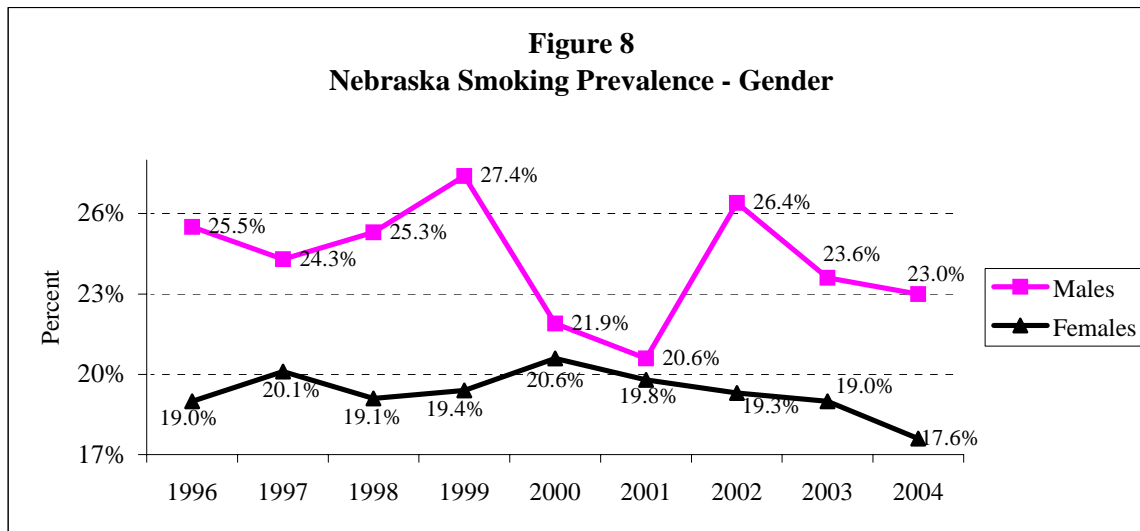
TFN's objective, which is similar to the Healthy People 2010 national objective, is to reduce to less than 12.0% the number of adults who smoke. Over the past five years, adult smoking rates in Nebraska have fluctuated between 19.0% and 24.0%. Despite an increase in 2002, the adult smoking rate in Nebraska declined to 20.3% in 2004 (Figure 7). Although the national adult smoking rate has also declined since 2002, the smoking rate among adults in Nebraska is slightly lower than the national rate (20.8%).



Source: Behavioral Risk Factor Surveillance System

Males more Likely to Smoke than Females in Nebraska

The smoking rate for both males and females declined from 2002 to 2004 (Figure 8). The decline was higher among males whose smoking rate dropped from 26.4% in 2002, to 23.0% in 2004. The smoking rate for females declined from 19.3% to 17.6% during the same time period.



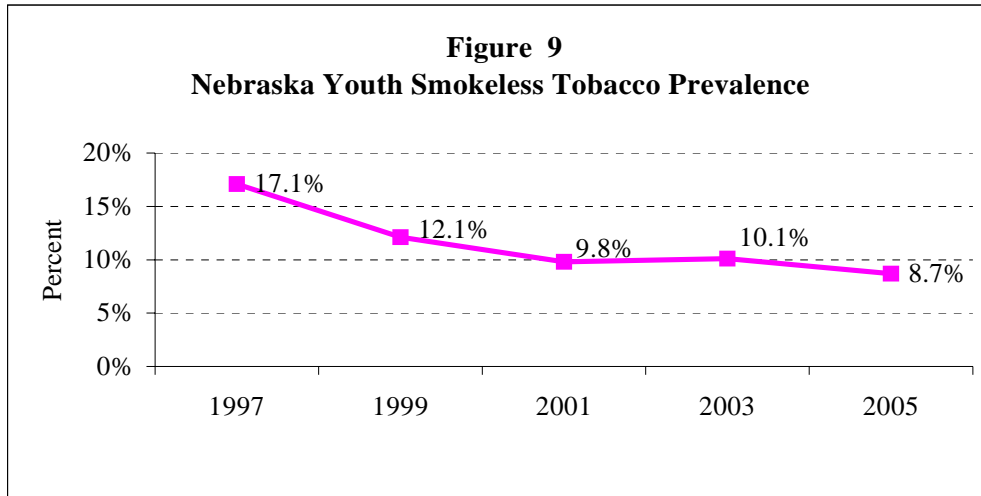
Source: Behavioral Risk Factor Surveillance System

Smokeless Tobacco

The use of smokeless tobacco among youth, while not as prevalent as cigarette smoking, has also been on the decline. In 1997, 17.1% of Nebraska youth were using smokeless tobacco. The rate declined to 8.7% in 2005 (Figure 9). The parallel decline in smokeless tobacco use and cigarette smoking is important because it shows that quitting one form of tobacco did not translate into starting another type of tobacco.

Smokeless tobacco use still needs to be addressed, however, because the tobacco industry regularly introduces more varieties and flavors of smokeless tobacco. Smokeless tobacco and similar tobacco products pose many of the same health risks as cigarettes and may present different dangers.¹⁰

¹⁰ American Legacy Foundation, 2005

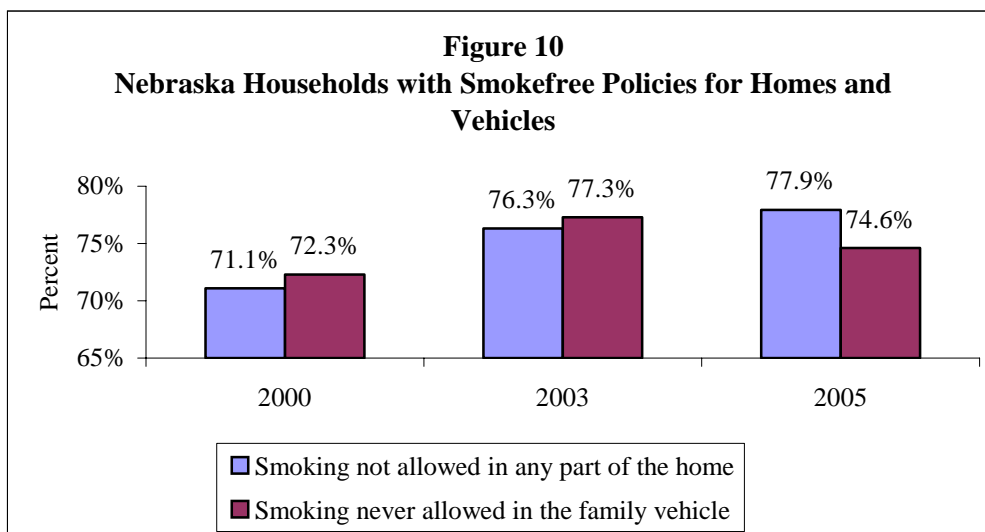


Source: Youth Risk Behavior Survey

Eliminating Exposure to Secondhand Smoke

Restricting Smoking in Homes and Vehicles

Many Nebraskans do not allow smoking in their homes and family vehicles. The percentage of families with rules that restrict smoking in homes increased from 71.1% in 2000, to more than three-quarters (76.3%) in 2003,¹¹ and 77.9% in 2005 (Figure 10).



Source: SCS (2002) ATS/SCS (2003 & 2005)

¹¹ Horvick, J. (2003a)

Similarly, there was an increase in the percentage of families adopting smoke-free policies in their vehicles from 72.3% in 2000, to 77.3% in 2003. In 2005, a slight decline was observed from 77.3% to 74.6% in the percentage of families with smoke-free policies in their vehicles (Figure 10).

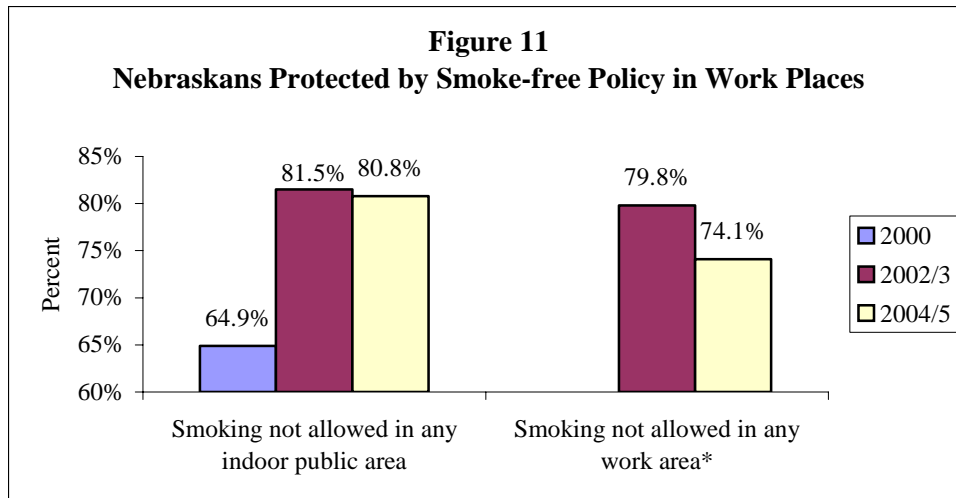
Protecting Non-smokers at Work from Secondhand Smoke

The Social Climate Survey and Adult Tobacco Survey /Social Climate Surveys¹² measured how much employees are protected from secondhand smoke in the workplace. The results showed the proportion of employees who reported being protected from secondhand smoke in indoor public or common areas at 64.9% in 2000, 81.5% in 2003, and 80.8% in 2005 (Figure 11). The percentage of Nebraskans being protected by smoke-free policies in any (including outdoors) work area declined from 79.8% in 2003, to 74.1% in 2005. (This question was only asked in 2003 and 2005).

In workplaces, smoke-free policies are critical to ensure healthy working conditions for all workers. This can be achieved by either governmental or voluntary policies adopted by individual workplaces. Government policies are considered to be more effective as they can address all workplaces within their jurisdiction. For example, as a result of the passage of the Lincoln Smoking Regulation Act, 13.2% of Nebraska's population is covered by a 100% smoke-free workplace, restaurant, and bar law.¹³

¹² Horvick, 2003a; Horvick, 2002b

¹³ American Nonsmokers Rights Foundation, 2006



Source: SCS (2000) ATS/SCS (2003 & 2005)

* Question on smoking not allowed in any work area not asked in 2000

Sustaining the Comprehensive Tobacco Control and Prevention Program

Adequately funding tobacco prevention and control programs is essential to ensuring that the gains made in reducing adult and youth tobacco use can be maintained or continue to decline. In State Fiscal Year 2005-2006, the Nebraska Legislature appropriated three million dollars for tobacco control and prevention in the state. The CDC recommended funding level for tobacco prevention and control programs in Nebraska ranges from \$13.31 million to \$31.04 million annually.¹⁴

Conclusion

March 2005 marked the five-year anniversary since LB 1436 was enacted. Although the amount allocated for tobacco prevention and control in Nebraska has fluctuated over the years, TFN has made strides in addressing the Centers for Disease Control and Prevention's (CDC) Best Practices for Comprehensive Tobacco Control Programs.

¹⁴ Campaign for Tobacco-Free Kids, 2005

Continued funding from the Tobacco Master Settlement Agreement and the CDC's Office on Smoking and Health has helped to sustain TFN's comprehensive tobacco control and prevention program. The program has increased state and local capacity to implement strategies that target both individual behavioral changes and public policy change.

Nebraska continues to experience important changes in the reduction of tobacco use and exposure to secondhand smoke. Increased levels of knowledge about the dangers of smoking and secondhand smoke are reflected by a reduction in the number of youth who start smoking, the number of adults attempting to quit, and the increasing adoption of smoke-free home and vehicle policies and smoke-free work place policies.

References

- American Legacy Foundation (2005). *Beyond Cigarettes: The Use of Other Tobacco Products Results from the 2002 National Youth Tobacco Survey*. Washington D.C.
- American Nonsmokers' Rights Foundation (2006). *Percent of U.S. State Populations Covered by Local or State 100% Smokefree Air Laws*. Accessed from <http://www.no-smoke.org/pdf/percentstatepops.pdf> on February 10, 2006.
- Campaign for Tobacco-Free Kids (2005). *State Tobacco Settlement: Nebraska*. Accessed from <http://tobaccofreekids.org/reports/settlements/state.php?StateID=NE> on February 10, 2006.
- Centers for Disease Control & Prevention (2002). Annual Smoking-attributable Mortality, Years of Potential Life Lost, and Economic Costs – United States, 1995 – 1999. *MMWR* 2002; 51: 300 – 3.
- Centers for Disease Control & Prevention (2003). Cigarette Smoking-attributable morbidity – United States, 2000. *MMWR* 2003; 52:842–44.
- Centers for Disease Control & Prevention (2004). *Telephone Quitlines: A Resource for Development, Implementation, and Evaluation*. Atlanta, CDC.
- Horvick, J. (2003a). *The 2002-2003 Nebraska Adult Tobacco / Social Climate Survey*. Lincoln, Bureau of Sociological Research University of Nebraska-Lincoln.
- Horvick, J. (2003b). *Changes in Nebraskans' Tobacco Use Attitudes and Behaviors: A Trend Analysis Report of the 2000 Social Climate Survey and 2002-2003 Nebraska Adult Tobacco/Social Climate Survey*. Lincoln, Bureau of Sociological Research University of Nebraska-Lincoln.
- Linking Evaluation and Practice in Nebraska Tobacco Control Dissemination Workshop July 18, 2005, Lincoln, Nebraska: Final Report. St. Louis, Center for Tobacco Policy Research.
- Nebraska Health and Human Service System (2003). *Hospital Discharge Data*. Lincoln.
- Nebraska Health and Human Service System (2002). *Nebraska 2010 Health Goals and Objectives*. Lincoln.
- Nebraska Health and Human Service System (2005). *Adult Tobacco Survey/Social Climate Survey Data*. Lincoln.
- U.S. Department of Health and Human Services (2001). *Women and Smoking: a Report of the Surgeon General*. Washington, DC: U.S Government Printing Office.

NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM



**Office of Disease Prevention and Health Promotion
Tobacco Free Nebraska Program
301 Centennial Mall South
P.O. Box 95007
Lincoln, NE 68509-5007
(402) 471-2101
tfn@hhss.ne.gov
<http://www.hhss.ne.gov/tfn>**

TFN-06 (5/06)

ADA/EOE/AA